

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/317839</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$ <u>100</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.		<i>REFUND COMPLETED PCT NATIONAL DIVISION</i>	\$
<input type="checkbox"/> Maintenance		<i>COMPLETED PCT NATIONAL DIVISION</i>	\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>
10 REASON:		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check	
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #: <u>02-2448</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Tamala Holland</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>T. Holland</u>		PHONE: <u>703-308-9140 X209</u>	
OFFICE: <u>PCT</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B